

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	BREAST RECONSTRUCTION SURGERY
Policy Number	10.01.01
Category	Government Mandate
Effective Date	10/18/01
Revised Date	10/18/01, 01/24/02, 01/23/03, 02/26/04, 04/28/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 09/04/12, 08/22/13, 08/28/14, 08/27/15, 08/25/16
Archived Date	08/25/17
Edited Date	08/23/18, 08/22/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

Based upon our criteria and review of the peer-reviewed literature, reconstructive breast surgery after surgical *mastectomy*, including partial mastectomy (e.g., lumpectomy, segmentectomy, quadrantectomy) for benign or malignant disease, is medically appropriate, and may include the following services:

- I. All stages of reconstruction including, but not limited to:
 - A. Breast implants;
 - B. Abdominal flap reconstruction;
 - C. Nipple/areola reconstruction and tattooing; and
 - D. Surgery for symmetry of the contralateral (opposite) breast;
- II. Basic breast prosthetic(s) and mastectomy bras; and
- III. Treatment of physical complications of mastectomy, including lymphedema.

This policy only refers to breast reconstruction services.

Refer to Corporate Medical Policy #7.01.39 reduction Mammoplasty regarding reduction mammoplasty

Refer to Corporate Medical Policy #1.01.17 regarding Pneumatic Compression Devices/Lymphedema Pumps.

Refer to Corporate Medical Policy #7.01.11 regarding Cosmetic and Reconstructive Procedures.

Refer to Corporate Medical Policy #7.01.35 regarding Bioengineered Tissue Products for Wound Treatment and Surgical Interventions

DESCRIPTION

Reconstructive breast surgery is defined as surgical procedures that are designed to restore the normal appearance of the breast after surgery, accidental injury, or trauma and may be based on the treatment a woman receives or the extent of surgery performed.

The reconstructive surgery may be performed in a single stage or several stages/phases and either during or after the surgical procedure. Reconstruction may include, but is not limited to:

- I. Insertion of saline or silicone filled prosthetic implants;

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- II. Extensive flap reconstruction (e.g., deep inferior epigastric perforator [DIEP] flap, gluteal artery perforator [GAP] flap, latissimus dorsi flap, superficial inferior epigastric artery [SIEA] flap, transverse rectus abdominus myocutaneous [TRAM] flap);
- III. Nipple/areola reconstruction and tattooing; and/or
- IV. Surgery for symmetry of the contralateral (opposite) breast.

The Women's Health and Cancer Rights Act (WHCRA) of 1998, a federal regulation, mandated coverage of all stages of reconstructive surgery (including surgery and reconstruction of other breast to produce symmetrical appearance and prosthesis and treatment of complications following mastectomy) for all group health plans that provide medical and surgical benefits. This federal law requires most group insurance plans that cover mastectomies to also cover breast reconstruction. A diagnosis of breast cancer is *not required* – preventive mastectomies are also covered under this mandate. The United States Departments of Labor and Health and Human Services oversee this law.

New York State Insurance Laws § 3216, § 3221, and § 4303, mandate coverage under all contracts that provide medical, major medical, or similar comprehensive-type coverage for:

- I. All stages of breast reconstruction of the breast on which the mastectomy or partial mastectomy, has been performed; and
- II. Surgery and reconstruction of the other breast to produce a symmetrical appearance.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	6.1 to 20.0 sq cm, or part thereof
11922	each additional 20.0 sq cm
19324	Mammoplasty, augmentation; without prosthetic implant
19325	with prosthetic implant
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19357	Breast reconstruction, immediate or delayed with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominus myocutaneous flap (TRAM), single pedicle, including closure of donor site
19368	with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast

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Code	Description
19380	Revision of reconstructed breast
19396	Preparation of moulage for custom breast implant

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Code	Description
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
L8600	Implantable breast prosthesis, silicone or equal
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2067	Breast reconstruction of a single breast with “stacked” deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral
S2068	Breast reconstruction w/ deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site, and shaping the flap into a breast, unilateral

ICD10 Codes

Code	Description
C50.011-C50.019	Malignant neoplasm of nipple and areola (code range)
C50.111-C50.119	Malignant neoplasm of central portion of female breast (code range)
C50.211-C50.219	Malignant neoplasm of upper-inner quadrant of female breast (code range)
C50.311-C50.319	Malignant neoplasm of lower-inner quadrant of female breast (code range)
C50.411-C50.419	Malignant neoplasm of upper-outer quadrant of female breast (code range)
C50.511-C50.519	Malignant neoplasm of lower-outer quadrant of female breast (code range)
C50.611-C50.619	Malignant neoplasm of axillary tail of female breast (code range)
C50.811-C50.819	Malignant neoplasm of overlapping sites of female breast (code range)
C50.911-C50.919	Malignant neoplasm of unspecified site of female breast (code range)
C79.81	Secondary malignant neoplasm of breast
D05.00-D05.92	Carcinoma in situ of breast (code range)
D24.1-D24.9	Benign neoplasm of breast (code range)
D49.3	Neoplasm of unspecified behavior of breast
Z42.1	Encounter for breast reconstruction following mastectomy
Z80.3	Family history of malignant neoplasm of breast
Z85.3	Personal history of malignant neoplasm of breast
Z90.10-Z90.13	Acquired absence of breast and nipple (code range)

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*Key Article

KEY WORDS

Breast reconstruction.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Breast Reconstruction following Mastectomy. Please refer to the following websites for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=64&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&Keyword=breast+reconstruction&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAA AAA&>.